OFFICIAL FILE ILLINOIS COMMERCE COMMISSIONORMAL COMPLAINT

For Commission Use Only:

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701 CRIGINAL

Regarding a complaint by (Person making the complaint): Yvoine G Perez
Against (Utility name): U.S. Energy Savings Corp.
As to (Reason for complaint) For cancellation fee to be waive.
in Chicago Illinois.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is 1536 N Lawndale Chicago, IL. 60651
The service address that I am complaining about is 1536 N Lawrodale Chicago, Ill
My hame telephone is 1773 1 394-854 6
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at
(Full name of utility company) 1.5. Energy Savings Corp. (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint. Section 200, 170
AUG :
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint? Yes No
Has your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
Con March 27th 2007 my husband horenzo Pérez signed a Contract with U.S. Energy Corp. Lorenzo (who has a history of addiction problems) has no authority to negotiate, let alone make my decisions regarding bills I pay. Because of this history every bill that comes to my home is under my name. I've since contacted U.S. Energy and after much fustration was able to finally cancel the account. Now, I'm being threatened with although concellation fee and everytime. I make an attempt to contact U.S. Energy they refus to speak to me. This is abviously a misunderstanding. Why should Please clearly state what you want the Commission to do in this base: To Waive the Cancellation fee!
Date: August 7, 2007 Complainant's Signature Thomas Signature (Month, day, year) If an attorney will represent you, please give the attorney's name, address, and telephone number.
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
I, Youne G. Peirez. first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
(Signature) Wonne & Pares
Subscribed and sworn and to before me on (month, day, year) August 7, 2007
Notary Public, Illimis "OFFICIAL SEAL" JORGE CERDA Notary Public, State of Illinois

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.